



DIVISION OF PUBLIC HEALTH

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TO: EMS Service Directors, Medical Directors, Training Centers and various EMS Boards.

FROM: Dan Williams, Chief
Emergency Medical Services
State of Wisconsin
EMS Section

RE: Announcements and clarifications.

The purpose of this letter is to introduce you all to the new staff that has come to the EMS Section and to provide you with information that will outline our future direction and clarify the many myths, rumors and other pieces of misinformation that has taken over as presumed fact over the past several months.

This is the first letter of this type that is being sent out by me so I feel that a brief introduction is in order. My name is Dan Williams, I am the new Chief of EMS for the EMS Section within the Division of Public Health. I have been involved in EMS in Wisconsin for over 30 years and I have been a licensed Paramedic since 1978. I am honored to have been selected to lead Wisconsin into the next phase of prehospital care for our State. My contact information is; Direct phone line; 608-261-6870, email; willidp@dhfs.state.wi.us .

I am also happy to announce the hiring of Cathy Etter as the Paramedic Coordinator for the Section. Cathy is a Paramedic and Registered Nurse and will be an excellent addition to our staff. Cathy's contact information is; Direct phone line; 608-266-8853, email; ettercd@dhfs.state.wi.us

Finally, I am pleased to announce the addition of Brian Litza as the IV-Tech/Intermediate Coordinator to the Section. Brian is a Paramedic and has been involved in EMS for years and is well qualified in street and educational issues. Brian's contact information is; Direct phone line 608-266-1470, email litzabd@dhfs.state.wi.us Please feel free to contact any of us or any of our other staff should you find the need. Staff listings and areas of expertise can be found on our website at <http://dhfs.wisconsin.gov/ems/>

The following will be an issue by issue reminder, clarification, or statement of policy or rule, or simply general information.

1. **WMD** (Weapons of Mass Destruction) training. Currently all EMS personnel must take an initial four (4) hour course on this topic and it must be provided in each refresher course at all levels for re-licensure. This still remains in effect. Our office is currently working to approve a shorter two- (2) hour course for refreshers only that will meet the objectives and remain a meaningful and informative course. An announcement will be made as soon as this is completed. However, until that announcement the four (4) hour course remains in effect as the only approved course.
2. **NIMS** (National Incident Management System). What is this all about and do you as a service need to comply? The answer is yes. For an agency to be eligible for any Federal funding program EMS related or not the agency will need to provide proof of compliance. I have attached a copy of a letter that was sent to all State Governors from Homeland Security Secretary Tom Ridge. This letter provides a detailed yet somewhat vague description of the program. My intent is to provide you with this information so that you can begin to prepare for the training requirements that will accompany this directive. The exact details with regards to actual numbers of personnel required to be trained by department and the actual number of hours for the course is yet to be defined. A commitment to ICS (Incident Command System) training is known to be a significant component and certainly should be a considered topic of education this year.
3. **Has my request been approved?** Many of you over the years have sent requests to our office for various things; waivers, plan approvals, changes in operations and protocol changes, just to name a few. In some cases you had a response and in some cases you may not have had a response. There is no value in venturing back to the past. I am only interested in where we are going and what you can expect from us in the future. Effective immediately, any requests, changes, updates, etc. that you send to our office should not be considered in effect until you have received a response from our office in writing stating the approval and effective date. This will assure that a clear exchange of information and understanding regarding the change has taken place.
4. **Do I have to update my Operational Plan?** It is required that all services must update their Operational Plan once every licensure period (every two years) or anytime there is a change in what has previously been sent in. We are partners in providing care to the citizens and visitors of the State of Wisconsin, as partners we need to both have knowledge and agreement on the operation of calls that are responded to and managed. A component of issuing a service a license is that our office understands and approves of what the service has stated they will do in their Operational Plan. As a result of this explanation, it is expected that services will be updating their Operational Plans and submitting them for review.
5. **CPAP, Can everyone do it?** CPAP (Continuous Positive Airway Pressure) is currently under a pilot project evaluation by the EMS Section for the Basic EMT provider and is

not allowed to be performed by any service or individual if they are not in the pilot project. It is anticipated that the pilot will be under review this year and may then be approved for general use at the Basic EMT level. However, unless you or your service is enrolled in the pilot project you are not authorized to use this skill and are in violation of your scope of practice. Training Centers should not be instructing this as a general skill in any class unless the participants in the class are with a service that is enrolled in the pilot project. **Intermediate and Paramedic services and training programs for those services are not part of the pilot and are authorized to utilize the skill.**

6. **IO, at the IV-Tech level.** IO (Intraosseous) infusion has been a topic of discussion and confusion for the past couple of years and is now in need of clarification. IO is a very useful and life saving skill. Currently that skill is performed at the Intermediate and Paramedic level. It was discovered that with the inception of the Basic IV-Tech that the pediatric component was missing from the curriculum and a question was raised as to whether that component should include IO in training and then be a skill that could be performed in the field by the Basic IV-Tech. After much review of rules, statutes and advice from various advisory groups we have no choice but state that training in and use of the IO skill is not part of the scope of practice for the Basic IV-Tech. Therefore, there should be no IO training, mandatory or otherwise for this level of provider and there will be no approval to Operational Plans for services to perform this skill. As stated above, IO is a very useful and life saving skill, however the administrative rule does not allow for authorization of this skill for this level of EMT at this time. Any service or individual licensed at the Basic EMT IV-Tech level that is using this skill will be considered as operating out of the scope of practice.
7. **Trauma System is in effect.** January 1, 2005 the Trauma System Administrative Rules went into effect. Included in the rules is the requirement for each EMS Service to join an RTAC (Regional Trauma Advisory Council). Further information on RTAC's can be found at www.dhfs.wisconsin.gov/ems If you have not done so, please send the following information to Marianne Peck, State Trauma Coordinator at peckme@dhfs.state.wi.us; Name of EMS Service, Mailing address, contact person, phone, email and name of RTAC.
8. **Scope of Practice.** You may have noticed several references to scope of practice in the above information. That is not just a coincidence. The EMS Section is aware of significant violations to the scope of practice and stated practices in service Operational Plans at each and every level of EMS provider in the State. Our office has countless complaints that will be dealt with. This is not an area that we enjoy, however it is one that we must take very seriously. We will make every effort possible to work with individuals and services to provide them with whatever support that they need to assist in providing the highest possible quality patient care. What we won't do however is to stand by and allow inappropriate practices and care to be performed. Our office will be very aggressive in managing this important issue. The visitors and citizens of the State of Wisconsin trust that they will be cared for safely and appropriately in the event that they suffer an unexpected illness or injury. That trust must never be in question.

9. **EMSS.** EMSS is our computerized licensing system that has proved to be a huge success this past year. It is the one thing that I have heard consistently as a success story for most services. This could not be said for previous years when everything was managed by hand. There are many reasons for the success of this program. First, my entire staff of employees has worked very hard to make the system work. Every member of Section staff has played an essential role to making the system work. Second, you, the providers were instrumental with inputting your information into the system. Lastly, the Training Centers were also a key component with the timely input of training information. We encourage anyone not on the system to contact our office and we will provide you with the assistance to sign you up so that you can use this very valuable and time saving system. Information is what we all need to make our job easier and more efficient, please continue to support EMSS and meet your obligations to report information in timely manner. Licensing of individuals relies on the training centers to submit class completion information immediately following the end of a course. Some improvement in the timely inputting of course information would provide faster turn around time.

10. **Workload.** Finally, I would like to inform you of the thing that has surprised me the most so far in my short tenure is the sheer volume of calls and emails that come into the Section daily. I am aware of the criticisms in the past of the EMS Section regarding either the slow or lack of response to services and individuals contacting the office. I think that it is important for you to know that each staff member deals with an extremely high volume of phone calls and emails every day. Sometimes we get behind, but we will make every effort to return your call or email in a timely manner. I understand that you are contacting us for a reason and that reason is very important to you and you deserve an answer and response from our staff. If you are calling and not getting through to the person you are trying to contact, please press **0** and someone **WILL** answer the call and they should be able to at least provide you with information as to when that person will be in the office.

It is my hope that you have found this letter to be useful and hopefully the information has set the record straight on many topics. It is my intent to continue to provide this type of information so that we can all be informed of the facts which in turn will allow for more efficient management of resources and time. I look forward to meeting many of you in person this year as I travel around the State to the many EMS conferences and meetings to hear what you are thinking and how we can help you in your delivery of quality patient care.